24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	PAGE 1 OF 1 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
WOMEN VOTE!	C C00473918
Check if 24-hour report 48-hour report New report Amends report f	filed on Man / Dab / Yaryary
Full Name of Payee Moxie Media	Date of Public Distribution/Dissemination
	07 16 2014
Mailing Address PO Box 30084	Amount
City State Zip Code	14027.68
Seattle WA 98113	Transaction ID: SE-6208 Date of Disbursement or Obligation
Purpose of Expenditure Mailhouse Category/ Type	M M / D D / Y Y Y Y
Name of Federal Candidate Support O	office Sought: X House District: 14
Brenda Lawrence Oppose	President Senate State: MI
	isbursement For: Primary General Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
	M M / D D / Y Y Y Y
Mailing Address	Amount
	, unduring
City State Zip Code	
Purpose of Expenditure	Date of Disbursement or Obligation
Category/ Type	M = M / D = D / Y = Y = Y
Name of Federal Candidate Support C	Office Sought: House District:
Oppose	President Senate State:
Calendar Year-To-Date Per Election for Office Sought	Other (specify) ►
(a) SUBTOTAL of Itemized Independent Expenditures	14027.68
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	14027.68
	7
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
Caroline Fines [Electronically Filed] Date	07 17 2014
Signature	